

ISSUE SLIP STATEMENT AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------------------|--------------------|
| FEE DETERMINATION | MG | | 4/20/99 |
| O.I.P.E. CLASSIFIER | | 12 | 4/20/99 |
| FORMALITY REVIEW | | 7/14/25 7/14/35 | 2/13/65 6/20/95 |

INDEX OF CLAIMS

| | | | |
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| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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